

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013755

STATE FILE NUMBER

FILED MAY 13 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 240

300
1-57

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1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) JOPLIN		c. CITY OR TOWN JOPLIN 0495	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OF REEMAN HOSP.		d. STREET ADDRESS 605 ST. LOUIS AVE.	
3. NAME OF DECEASED (Type or print) First Middle Last VIRGIL HERBERT JONES		4. DATE OF DEATH Month Day Year MAY 2, 1959	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 6, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY BLDG & CONST.	11. BIRTHPLACE (City and state or country) COLUMBUS, IND.
13a. FATHER'S NAME CHARLES JONES		13b. MOTHER'S MAIDEN NAME MARY ROSE	14. NAME OF HUSBAND OR WIFE MARY FRANCES JONES
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. UNK	17. INFORMANT MRS. MARY FRANCES JONES, 605 ST. LOUIS
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BROKEN NECK DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) HEMORRHAGE			INTERVAL BETWEEN ONSET AND DEATH INST.
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) FELL OFF LADDER WHILE TRIMMING TREE	
20c. TIME OF INJURY Hour a.m. 10 Month, Day, Year 5-2-59		AT 620 ST. LOUIS AVE. 123	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 620 ST. LOUIS AVE.	
21. I attended the deceased from death occurred at 10 AM -		21. I attended the deceased from death occurred at 10 AM -	
22a. SIGNATURE Steve Parker		22b. ADDRESS Joplin, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5-5-59	
23c. NAME OF CEMETERY OR CREMATORY DIAMOND CEMETERY,		23d. LOCATION (City, town, or county) DIAMOND, MISSOURI	
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 5-8-1959	
26. REGISTRAR'S SIGNATURE Dore Merriam		22c. DATE SIGNED 5-6-59	

vector, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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MAY 18 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Jap. Hill*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.